DOCUMENT RESUME

ED 238 850 SP 023 493

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TITLE Eat, Drink and Be Merry: Signs and Symptoms of Alcohol Wellness.
PUB DATE May 83
NOTE 17p.; Paper presented at the Annual Meeting of the American College Health Association (St. Louis, MO, May 25-28, 1983).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Alcohol Education; *College Students; Drinking; Drug Use; Health Education; Higher Education; *Physical Health; *Positive Reinforcement; Program Development; Student Attitudes; *Teacher Attitudes; *Teaching Methods
IDENTIFIERS *Alcohol Wellness

ABSTRACT

Most college students are drinkers, but most of these drinkers are not problem drunks or alcoholics. College students are in fact an ideal population, at an opportune stage of development, to be taught healthy drinking practices. One major obstacle to teaching "alcohol wellness" is the considerable number of health educators who attempt to teach alcohol abstinence through fear of alcohol-related illnesses. When people attempt to teach health and prevent harm solely through fear, they become entangled in scare tactics, negative and punitive reinforcers, and holier-than-thou humbuggery. These tactics may be used with limited success among elementary school students and some adult populations, but they always fail on the college campus. Another way to teach about alcohol is to define alcohol usage in the affirmative, as alcohol wellness. When a person is "alcoholically well," his adaptive responses and coping resources are strengthened. Healthy drinkers share six characteristics. They: (1) recognize alcohol as a potent drug; (2) know their family alcohol history; (3) drink two or three drinks or less daily; (4) abstain periodically from alcohol use; (5) drink within social sanctions and cultural rituals; and (6) drink for positive reasons. (JMK)

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EAT, DRINK AND BE MERRY:
SIGNS AND SYMPTOMS OF ALCOHOL WELLNESS

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A paper presented at the American College Health Association Annual Meeting. May 25-28, 1983, St. Louis, MO.

SP 023 493

The Problem

> The greatest long-term potential for significant changes in health status appears to lie in primary prevention efforts. The major, but not exclusive focus for policy and program development will therefore be on primary prevention, although ADAMHA recognizes the importance and necessity of secondary prevention efforts. (ADAMHA 1981)[1]

Most college students are drinkers. Most of these drinkers are not problem drinkers nor alcoholics (Ingalls 1982).[2] Although students drink regularly and heavily, they are still experimenting with different drinking behaviors and consequences. They are curious about alcohol. They drink for different reasons and within different social norms than established adult drinkers. The college student experiments with excessive behavior as part of a normal developmental stage resulting in personal limit setting, identity, self-concept. Excessive alcohol behavior is just one of the excesses subject to student experiments (all nighters, dieting, dating, streaking, etc.).

It is for precisely these reasons that college students are an ideal population at an opportune stage of development to be taught healthy drinking practices. As early as 1976 The Whole College Catalog About Drinking listed, "...communicate what constitutes safe drinking practices for those people who choose to drink," among its four fundamental goals of alcohol abuse prevention (DHEW 1976).[3]

One major obstacle to teaching alcohol wellness through healthy drinking is the considerable number of health educators who attempt to teach alcohol abstinence through fear of alcohol illness.

> Negative reinforcement cannot produce a desired behavior; it can only extinguish an undesired one. It can produce lack of frequency of an undesired behavior, but will not produce greater frequency of an alternate, desired one. (Adams 1976)[4]

Teaching alcohol abstinence is an important part of healthy drinking. However, as the prevention strategy of choice for college students, it is at best effective only for those already predisposed to abstinence. This is an exceedingly small part of the student population with relatively little risk of alcohol problems.

When one attempts to teach health and prevent harm solely through fear, they become entangled in scare tactics, negative and punitive reinforcers and holier-than-thou humbuggery. These tactics may be used with limited success among elementary school students and some adult populations but they always fail when used on the college campus. How the abstinence-through-fear mentality conducts health education to prevent alcohol abuse is demonstrated in the following examples:

Effects of alcohol on the body:

Billed as "facts only" and "non-judgemental", it is actually a laundry list of the health impairment and other negative consequences suffered by the chronic alcoholics. Usually avoids discussion of positive effects or those sought by moderate responsible drinkers.

Signs and symptoms of alcoholism:

At best, helps the alcohol abuser to self-diagnose and seek treatment. Does little to prevent alcohol abuse unless it scares user to non-use.

Laws and penalties of illegal use:

Informs user of the societal sanctions and rules. Often part of alcohol education to scare user to responsible use.

How to concoct facsimile cocktails and conduct non-alcohol parties:

Contains the hidden agenda, "thou shalt not drink." Generally attracts non-drinkers and light drinkers. Those least at risk.

> There is no more efficient social lubricant, no simpler way to establish rapport with your fellow man, than to drink with him, and it cannot be done with soda pop. (Adams, 1960)[5]

This is not to say that alcohol is the only means to conviviality. (Most BACCHUS functions offer alcohol as well as appealing non- alcoholic beverages. A more effective strategy to reinforce responsible choice instead of enforced abstinence.)

Case finding, peer counseling, therapy for alcoholic students:

Many campuses initiate treatment programs and call them alcohol abuse prevention. While these programs, when not overtreating, are an excellent and important part of college alcohol services, they are not preventing abuse. When successful, they impact a very small portion of the student population at very great expense. They may be more cost effectively provided off-campus by publicly funded or third-party reimbursed treatment programs or through Alcoholics Anonymous.

> ...A program to teach moderate drinking to students holds considerable promise for reducing heavy drinking among individuals without labelling them as deviant or without compromising their drinking values. (Blane 1982)[6]

The remainder of this paper will be concerned with the second major obstacle to teaching alcohol wellness through healthy drinking: defining alcohol wellness and identifying the "signs and symptoms" of healthy drinking.

Alcohol Wellness

> Health is a form of behavior...Healthy responses will be life enhancing. Promotive medicine seeks to promote healthy positive, adaptive responses (Hoke 1968).[1]

In order to teach humans a form of behavior which promotes healthy, positive, adaptive responses it is absolutely essential to study those humans who already demonstrate such behaviors and responses. Recently the National Academy of Sciences studied the behaviors and lifestyles of elderly people who lived and died in a healthy manner. They concluded that there are a number of positive adaptive responses that were responsible for their wellness. Also, those involved in cardiac health have studied middle-aged men who do not succumb to heart disease. Their findings have caused health educators nationwide to begin teaching behaviors which coincide with cardiac wellness.

What would a definition of alcohol wellness contain? It must be able to be achieved by promoting healthy drinking practices.

> Health promotion activities foster positive behaviors and general good health practices. Health promotion includes health enhancement, an attempt to promote health through building adaptive strengths and coping resources in individuals, families, and social groups exposed to the stresses endemic to modern society. At the same time, a health enhancement approach can seek to eliminate the sources of stress. (ADAMHA 1981)[1]

It is everywhere apparent that there is a choice between lifelong abstinence and alcohol illness (for those who are not already ill).

> ...controlled drinking, the intentional modulation of the quantity and duration of alcoholic beverage consumption which is practiced by the overwhelming majority of Americans. (Shore, Luce 1976)[7]

> The decision as to whether or not to use the drug ethanol is properly a personal and private choice to be made by each individual. However, should the desire be it drink, that individual assumes a responsibility not to destroy himself or others. That, in the broadest sense, is responsible drinking. (Chafetz 1974)[8]

> Responsible drinking means that you never have to feel sorry for what happened while you were drinking. (Engs 1979)[9]

> Moderate drinkers may in fact achieve these results (decrease anxiety and depression and increase sociability and self esteem) and presumably are more likely to drink to, but usually not beyond, the point at which such results are achieved. (Shore: Luce 1976)[7]

At the risk of reinventing the wheel, I borrowed from the many definitions to define alcohol wellness:

> The adaptive responses and coping resources of the individual are strengthened and society benefits from his use of alcohol.

The definition is written in the affirmative as a goal against which personal behavior and program policy may be measured. I will attempt to do the same with the characteristics of a healthy drinker.

In Search of the Healthy Drinker

Reading alcohol literature with a wellness focus foremost in mind, helps to uncover bits and pieces of healthy drinking information. Interviewing lifelong drinkers who have a problem-free drinking history, helps too. The scientific research and the anecdotal data suggest the following characteristics as essential to alcohol wellness.

HEALTHY DRINKER PROFILE

Healthy Drinkers:

Recognize alcohol as a potent drug.

Know their family alcohol history.

Drink two to three drinks daily or less.

Abstain periodically from alcohol use.

Drink within social sanctions and cultural rituals.

Drink for positive reasons.

Recognize Alcohol As A Potent Drug

Healthy drinkers are always aware that alcohol is a psychoactive drug. They are aware that an unhealthy relationship with the drug results in illness, addiction and /or premature death. As with most drugs, there is data which describes the absorption, actions, fate and excretion of alcohol in the body. This data suggests behaviors which increase the likelihood of alcohol wellness:

Eat before drinking

Sip drinks

Abstain when using other drugs

Allow one hour per drink to "detoxify"

Dilute potent liquor

Drive only when sober

The list is longer. It can be compiled from any number of sources (Adams, 1960;[5] Chafetz, 1976;[10] Hafen, 1982[11]) and is found in almost all college guides to responsible drinking. Too many programs limit their teaching of healthy drinking to these tips alone.

As with most illness, there is data which describes risk factors in the environment, the person, and the substance. The presence of these factors significantly increases the likelihood of the illness occurring. The more factors present and interacting, the greater the likelihood of illness. Social and cultural risk factors have been identified for alcohol illness (Hafen 1982).[11] Risk factors focusing on quantity and frequency of consumption and personal tolerance for alcohol have also been suggested (Daugherty 1983).[12] The healthy drinker takes action to minimize their risk factors.

Know Their Family Alcohol History

The role of the family in determining healthy drinking behaviors is well documented. Healthy drinkers are more likely to be the result of parents who are not heavy drinkers (Blane 1982).[6] In addition, children of alcoholic parents may be the most identifiable at-risk population for alcohol abuse. Children of alcoholics have a high frequency of alcohol misuse (Noble 1978).[13] They are twice as likely to develop an alcohol problem as children of non-alcoholics (Goodwin, et al 1973).[14]

The healthy drinker knows of their parents and grandparents drinking behavior and uses the information to identify healthy personal drinking strategies. If the drinker has a family history of alcoholism, he recognizes that there may be genetic and/or environmental factors that predispose him to alcohol illness. Therefore, he avoids alcohol use altogether or makes even greater efforts to maintain healthy drinking practices.

Drinking Not More Than Two to Three Drinks Daily

Many alcohol experts, health educators and bar room kibitzers advise people to "know their limits." Unfortunately "their limits" is an extremely subjective term. Some stay within their limits and become chronic alcoholics. There is a need for a more definitive measure of safe frequency and consumption limits.

> Most people can enjoy the benefits of alcohol and avoid the pain if theydrink no more than one and a half ounces of absolute alcohol per day. That would be three 1-ounce drinks of 100 proof whiskey (it should be drunk diluted), or four 8-ounce glasses of beer or half a bottle of table wine. Researchers from all over the world have independently defined this amount safe.
>
> The figure, based on recent research, is not really new. In 1862 Sir Francis Astie, a British psychiatrist, made public Ansties's Law of Safe Drinking, which also stated that one and a half ounces of absolute alcohol per day was the upper limit of moderate drinking. (Chafetz 1976)[10]

Another reports that the average healthy adult (not pregnant women, people poor in health, etc.) who drinks two drinks or less daily and does not exceed a three drink peak at any drinking occasion will suffer no health impairment and will not develop alcohol addiction (Daugherty 1983).[12] The National Academy of Sciences study of healthy aging listed drinking two drinks daily among their eight correlations with healthy aging. The media has given considerable coverage recently to the studies which correlate two to three daily drinks with reduced risk of coronary heart disease. This risk is even less than for healthy non-drinkers (DeLuca 1981).[15] If one reads any of a number of charts which show Blood Alcohol Content (BAC) on the left and alchol effects on the right, one finds the effects of alcohol at BAC .06 and below to be positive or valued effects (feeling

of warmth, relaxation, release of tension, bouyancy, reduced anxiety, lowered inhibitions, good feelings, conviviality, etc). This is a BAC which is registered when one consumes one to three drinks in an hour. Above .06 BAC almost all of the effects are negative. In moderate amounts, alcohol, by relieving inhibitions, may allow more effective functioning. Confidence abounds, the personality becomes expansive and vivacious, and speech may become eloquent and occasionally brilliant (Goodman and Gilman 1975).[16]

Abstain Periodically From Alcohol Use

The healthy drinker improves his relationship with alcohol through periodic abstinence. He may abstain for health reasons, as part of a religious observance, because he is taking medication, or simply because he chooses to drink something other than alcohol.

One gerontologist suggests six days of total abstinence as a self administered test of one's alcohol wellness (Kugler 1978).[17] It is suggested that periodic abstinence allows the muscles and organs of the regular drinker opportunity to "detoxify" from alcohol breakdown products (Adams 1976).[4] Abstinence can be part of the ritual of healthy drinking. The drinker establishes definite periods each week or month when he will not drink (Free 1977).[18] Perhaps the most important reason for the healthy drinker to abstain regularly is to maintain a healthy relationship with alcohol by avoiding tolerance to an addictive drug.

> The first thing that goes wrong in relationships with drugs when we use them too frequently is that the experiences we seek in them diminish in intensity. If we keep on using the drugs more and more frequently, the highs will disappear altogether, and we will find ourselves using them just to relieve negative symptoms. The only solution is to abstain from use for a while and then resume at a lower frequency. (Weil 1980)[19]

The healthy drinker knows not only how to use alcohol carefully but also when and how to abstain from use altogether.

Drink Within Social Sanctions and Cultural Rituals

Drunkenness is avoided. Common drunkenness and private personal drunkenness are taboo within all cultures noted for healthy drinking (Adams 1960).[5] Drinking in general and drunkenness in particular occur under social sanctions and within ceremonial rules (Roueche 1960:[20] Adams 1960[5]). The traditional, careful, and often elaborate rituals of primitive indian cultures seem to be an important protective behavior for the healthy use of alcohol (Weil 1972).[21] Some authors advise civilized Americans who wish to drink under control, to institute drinking rituals: never drink before dinner; only drink at social events; never drink on Mondays...(Adams, 1976).[4] Drinking behavior is more socially determined than psychologically motivated (Blane 1982).[6]

Rituals and "positive addiction" are part of healthy lifestyles. Habits are part of healthy human behavior. Our alcohol habits may be determined more by social sanctions and cultural rituals than any other factors. Regardless, individuals will acquire drinking habits, some good, some bad. When taught healthy drinking rituals from contemporary and past cultures, the acquisition of healthy drinking habits increases.

Drink for Positive Reasons

The healthy drinker drinks to celebrate, share, and communicate, not to relieve pain, forget problems, and overcome fears. Alcohol is part of, not essential to, having a good time. The healthy drinker consciously avoids alcohol consumption when physically or emotionally distraught. The Educational Commission of the States Task Force on Responsible Decisions About Alcohol states that it is important to drink only in relaxed and responsible social situations and avoid drinking to cope with problems. Drinking and applying the resultant altered states to positive ends for the general welfare is one key element to the healthy use of indigenous substances by primitive peoples. They do not use such substances to escape negative conditions (Weil 1972).[21] There is recognition that drinking is dangerous when used in an effort to solve emotional problems (Hafen 1983).[11] Healthy drinkers drink to supplement positive occasions and good feelings. Healthy drinkers do not drink to supplant negative emotions and unpleasant events. They have non-alcohol, alternative behaviors within their coping repetoire which they use to respond to the traumas and tragedies which befall all people.

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